

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/533,047

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/				51				
2		/			52				
3		/			53				
4	/				54				
5		/			55				
6		/			56				
7	/				57				
8		/			58				
9		/			59				
10		/			60				
11		/			61				
12		/			62				
13		/			63				
14		/			64				
15		/			65				
16		/			66				
17		/			67				
18	/				68				
19		/			69				
20	/				70				
21		/			71				
22		/			72				
23		/			73				
24		/			74				
25		/			75				
26		/			76				
27		/			77				
28		/			78				
29		/			79				
30		/			80				
31		/			81				
32		/			82				
33					83				
34					84				
35					85				
36					86				
37					87				
38					88				
39					89				
40					90				
41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.	7				TOTAL IND.				
TOTAL DEP.	24				TOTAL DEP.				
TOTAL CLAIMS	31				TOTAL CLAIMS				